taxis to "a quarter or half an hour," is inexcusable haste. I confess, however, that formerly I have followed this plan to my disappointment; latterly, in such cases, I have used continued compression with one or both hands, in the direction of the ring, for the space of from one to two hours. In this way I have not failed to diminish the size of the hernia, and to return the prolapsed viscera. By such means I have gained the confidence and esteem of my patient.

The greater operation is, I grant, in the eyes of the ignorant, a more brilliant affair. It is talked of through the neighbourhood, and it is understood that the sufferer has been rescued from the very jaws of death, by the skilful employment of the knife. Nevertheless, we ought no longer to refuse to admit a fact stated by your correspondent, amounting to this,—that where an enterocele, epiplocele, or an entero-epiplocele, can find an exit from the abdominal cavity, *cæteris paribus*, it can be replaced by the taxis. If indeed the hernial tumefaction, by accident or neglect, has too exalted a sensibility to the manuduction of the surgeon, small doses of tartarized antimony may be frequently given, or other means used for the purpose of subduing inflammatory action, before or during the taxis.

A short time ago a lady, owing to the weakness of the spring of her truss, and in consequence of a long walk, had an inguinal hernia so far descend, or so swollen, as, with all her efforts, to be unable to return it. On visiting her I found her in a most uncomfortable state,—with great anxiety in her countenance, sickness, pain in the epigastrium. It was a difficult case, for the hernia was tense, and apparently unyielding, yet steady continued pressure for the space of an hour and a quarter, by degrees lessened the volume, and at length, with a sudden gurgling, the sac, with its contents, in an instant passed into the abdomen.

I am, Sir,

Your obedient servant,

J. PAXTON, M.D.

Rugby, February 18, 1848.

CASES OF PLACENTA PRÆVIA, WITH OBSERVATIONS.

By EDWARD RAY, Esq., Dulwich.

(Read before the South London Medical Society, January 6th, 1848.)

Feeling that in difficult and fatal parturition, no class of cases are attended with greater danger to the life of the mother and the child, and that none perhaps are more awful, or occasion more anxiety even to the practitioner, than those of placenta prævia, I am induced to bring before the notice of this Society, the following cases, in which the placenta was either expelled or removed from the uterus, when the patients were exhausted by the loss of blood, and were still bleeding, with the effect of causing the immediate cessation of the hæmorrhage; and that after an interval, (which allowed of the free use of restoratives,) the patients, without any further loss of blood, were delivered of their children by uterine action.

CASE I.

Mrs. Duffield, residing in a lone cottage in the midst of some fields, aged 27, the mother of one child, and seven months advanced in pregnancy, was, on the 8th of April, 1847, attacked suddenly, and for the first time, with hæmorrhage from the uterus, without pain, about 4 p.m. The hæmorrhage increasing, and being alone, she determined to go to a man working at some distance (about 300 yards,) and send him for assistance. On walking, the hæmorrhage increased, and with it her alarm; she, however, effected her object, and has since described "the blood as if pouring from her" on her way back. Before regaining her cottage, she stated that she could not see, and with difficulty succeeded in groping her way by palings, &c., to the cottage door, and from thence to the bed on which she fell. I arrived about five o'clock, and found her lying partly on the bed, and her clothes dyed in blood: she was blanched, cold, almost pulseless, unconscious, and blood continued to drain from her. Brandy was freely given, and after examination one drachm of powdered ergot in form of infusion. On examination the os uteri was found dilated, and the placenta bulging through it: anteriorly the distended membranes could be reached, and a foot detected; the membranes were then ruptured, and the foot brought down. Hæmorrhage continued; slight uterine pains occurred; pressure was applied over the uterus, *which was firm*, and the child, a female, delivered, still-born. On examination another fœtus was detected; the hæmorrhage continued, and the placenta occupied the same position: with some difficulty I reached and ruptured the second bag of membranes; the fœtal head descended, and with the gush of liquor amnii the placental mass was expelled, which proved to be a double one, and remained connected by one cord to the child unborn. The hæmorrhage now (half-past five,) ceased, and although uterine pains did not recur for two hours at least, and the delivery of the second (a still-born female,) was not completed until after half-past eight, *there was no return of it*. After the expulsion of the child, the uterus did not contract firmly for some time, but I could detect no unusual hæmorrhagic discharge; steady pressure was at first kept upon the uterus with the hand, and afterwards by means of a pad and bandage firmly applied. Her temperature improved with her pulse, after the free administration of brandy in gruel, and she was partially conscious during delivery. After delivery she suffered from hydrosis, and this was followed by general anasarca, accompanied throughout by defect of vision, from which she eventually recovered, and has since given birth to another child. It is impossible to form any idea of the quantity of blood lost in this case; her gory track was more than readily to be traced, and the cottage floor was covered with blood.

CASE II.

Mrs. Duke, aged 28, four feet ten inches in height, and possessing a small rounded pelvis, had given birth to two small living female children at the full period, after long and severe labours; had aborted once at the third month, and had expelled an uninpregnated ovum, after having obscure symptoms of pregnancy for five months. She was in the last month of utero-gestation when I was summoned to her, at half-past 4 a.m. of October 14th, 1847. I found her upon the bed, lying partly upon the left side and the abdomen; unconscious; ghastly pale; cold; pulse scarcely perceptible; sighing occasionally; breath of death-like coldness, and occasional jactitation

of the arms. The clothes and bedding were saturated with blood; blood was found upon the floor; and a chamber-vessel by the side of the bed contained more than five pints of coagula. (This was ascertained afterwards by measure.) A wine-glass of gin was immediately given: brandy procured, and a dessert-spoonful given in a little warm gruel frequently.

On examination blood was found oozing from the vagina, which was filled with coagulum. The os uteri was fairly open and dilatable: within it, and completely surrounding it, was found the placenta. No sensation of fluid within the uterus could be detected, and the firm head of a fœtus could be distinctly felt through the placenta. The *uterus* through the abdominal parietes was *found firm and globular, and remained steadily so, without any evidence of uterine pains:* no fœtal movement could be detected, and, having no stethoscope with me, the position and state of my patient prevented my endeavouring to ascertain the existence or non-existence of the child. Without altering the position of my patient, I determined upon immediately removing the placenta, which I found attached to the anterior part of the neck of the uterus, the posterior and larger portion of the placenta being already detached, and separated from the uterus by coagulum. The separation was readily effected by passing the left hand between the uterus and placenta posteriorly, then gradually rotating the hand to the right, keeping the dorsal surface of the fingers firmly pressing against the uterus, and the margin of the placenta within their palmar surface, so that it was readily removed after its detachment by bending the fingers and withdrawing the hand. Some portion of the membranes being fixed between the head and pubis yielded during extraction, and remained behind. Hæmorrhage continued during the removal of the placenta, but ceased with its removal at 5 a.m., and no coagula formed afterwards in the vagina. The placenta was entire, of usual size; coagula were adhering to a considerable portion of its maternal surface, and its structure was to all appearance healthy. The cord was not tied nor divided until some half hour after the removal. I could distinguish no pulsation in it, but found the umbilical vein enormously distended.

The poor woman was now warmer; somewhat conscious; pulse more perceptible, though very feeble,—rapid, and not to be accurately counted; free from pain and hæmorrhage. The *uterus continued firm and globular;* and, upon examination, a very firm fœtal head was found resting upon the open os uteri in the natural position. The abdomen (which had until now been supported by hands,) was encircled by a broad bandage; and as the patient dosed at intervals, the brandy and gruel was only occasionally given, and in smaller quantities.

About half-past 7, slight uterine pains commenced, and gradually increased; the temperature of the patient was good; the strength of the circulation had improved, and the radial artery communicated the characteristic vibratory sensation of the hæmorrhagic pulse, the number of beats varying from 140 to 150 in the minute; no return of hæmorrhage.

At half-past 8 pains were frequent, but not strong enough to be effective; the firm fœtal head remaining fixed in the brim of the pelvis, and resting on the dilated and dilatable os uteri. One drachm of powdered ergot was given in the form of infusion, and speedily increased the strength and frequency of the pains, but without affecting the position of the fœtal head. Shortly after 9 o'clock, not deeming it prudent to tax further my patient's powers of endurance, I opened the head with a strong pair of scissors, and, with very little aid in the way of traction, the head shortly passed into the cavity of the pelvis, and was expelled with a portion of the membranes *by the uterine efforts* about 20 minutes past 10—more than five hours after the removal of the placenta. There was no hæmorrhage after the labour: indeed, after the removal of the placenta, the fingers were not rendered more sanguineous than usual by the examination (excepting, of course, the effect of opening the cranium,) and the only napkin I kept applied was soiled, not sodden, by the discharge. The child (a male,) was dead, well-formed, of full size, and livid.

After the labour, my patient was much better than could have been anticipated; *the uterine action appeared to have rallied her most effectually;* the surface of the body was not only warm, but moist; pulse 136, of vibrating character. Though not disposed to speak when addressed, she was perfectly conscious, and the uterus remained firmly contracted. The abdomen was firmly supported, and the position directed to be maintained until my next visit.

It is sufficient to state that this poor woman steadily improved; the pulse gradually diminished in frequency, and lost its character. The confusion in her head consequent on the loss of blood was her only complaint, and this, which she compared "to the constant noise and bustle of a railroad station," slowly subsided. She suffered but little, and for a short time, from the distension of the mammary glands, or consequent constitutional irritation. After this, as after former labours, she had but little lochial discharge, and the after-pains were scarcely recognized. She was allowed light broths and milk, with her gruel and arrow-root, from the first, and, after a few days, tonics were prescribed, and the diet further improved.

Her after-statement was, "that there had been no previous hæmorrhage; that she went to bed well, and was awoke before 4 o'clock with an urgent desire to pass water; something escaped, which she supposed to be urine, before she could gain the vessel: on seating herself, there was a sudden gush of she knew not what; she felt faint, and knocked." It appears that a female in the house found her upon the vessel, leaning against the bed, insensible, and, with assistance, placed her as I found her.

Remarks.—I do not advocate the removal of the placenta in all cases of unavoidable hæmorrhage, but I am able to add my testimony to the comparative safety of the practice, as far as the mother is concerned, in such cases alone as those related; and I confess, that until the occurrence of my first case, I did not attach to the opinions of the late Mr. Kinder Wood, Dr. Simpson, and Dr. Radford, the importance that I now feel they deserve.

I was induced to adopt this practice in the second case—

1st. From having witnessed in the former case the immediate cessation of the hæmorrhage on the expulsion of the placenta.

2nd. From believing that increase of exhaustion from further loss of blood, or from emptying the uterus, might probably be fatal.

3rd. From the known difficulty in turning, the uterus

having lost its fluid contents, and being in a state of *tonic contraction* around the body of the fœtus.

4th. From the impression that the delivery would be difficult, even could turning be accomplished, from the firmness of the head, presumed sex of the child, and the knowledge of former severe and lengthened labours when the children were small, and females.

5th. From viewing the tonic contraction (or firmness,) of the uterus as favourable to the prevention of hæmorrhage after the removal of the placenta.

The source of the hæmorrhage (whether it proceeded from the uterine arteries, sinuses, or from the opened cells on the maternal surface of the placenta, individually or collectively,) was *maternal*, and was derived principally from the venous system, as the uterine arteries, from their size, tortuosity, and contractility, could not produce those awful gushes. On considering the number, size and free communication of the uterine sinuses with each other, tracing them through the uterine plexus to the internal and common iliac veins, and finding that these veins are not supplied with valves, I can readily understand hæmorrhage to any amount, though the placenta was but partially detached, the uterus being in an *atonic* state.

The principles of treatment must be directed to restraining the hæmorhage and supporting the vital powers of the patient.

To restrain the hæmorrhage, the object must be to promote and ensure uterine contraction. The means employed may differ, but they tend to the same end. When the os uteri is undilated, the introduction of a sponge tent and plugging the vagina, mechanically assist to restrain the hæmorrhage, but tend physiologically to induce uterine contraction, as in the induction of premature labour. The rupture of the membranes brings the firm body of the fœtus into more direct contact with the lining membrane of the uterus, and induces uterine contraction, (as in the induction of premature labour, or the effect of a foreign body within the uterus,) *affects the course of the sinuses, and causes pressure upon the hæmorrhagic source, the placental pad intervening.* Should hæmorrhage still continue, the uterus being in a state of *tonic contraction*, it appears to me that the removal of the placenta allows of still further contraction of the muscular structure of the uterus, and *direct pressure* upon the open vessels. My impression is that it would be madness to *remove the placenta, or to deliver after turning, the uterus being in an atonic state*; that to *deliver or empty the uterus* of its contents, with safety to the mother, *clonic contraction* should be present, but that *tonic contraction* is sufficient to restrain hæmorrhage after the removal of the placenta, the *fœtus remaining in utero.*

Uterine contraction (tonic and clonic,) might be induced by external friction or pressure, mammary irritation, enemata, ergot, galvanism, &c.; but in cases of extreme exhaustion from hæmorrhage, I am disposed to believe that the *most powerful excitant of motor power is the presence of the firm fœtal body within the uterus, and that the induced uterine action after the removal of the placenta is not only beneficial in causing the natural expulsion of the child, and consequently diminishing the risk of after-hæmorrhage, but is also of the greatest value in producing reaction from the effects of the previous hæmorrhage*, the vital powers to be supported by the free administration of stimulants, with nutriment.

In conclusion I question the propriety of tying the cord in these cases, as children are occasionally born alive when following the placenta, and recommend the employing of an inverted bowl or small bason, with a folded napkin intervening, to ensure pressure over the uterus, as suggested by Mr. Harvey, of Castle Hedingham, to prevent after hæmorrhage.

PROVINCIAL

Medical & Surgical Journal.

WEDNESDAY, MARCH 8, 1848.

It will be in the recollection of the members of the Provincial Medical and Surgical Association, that at a conference which was held by the Home Secretary with a deputation from the Association, it was suggested by the Right Honourable Gentleman that the several corporate bodies and other parties interested in the subject of medical legislation should endeavour to come to some arrangement amongst themselves on the questions under consideration. A conference was accordingly proposed by the Council of the Association, but which from an indisposition manifested by certain parties to enter into it, was at that time laid aside. Meetings have, however, lately taken place among certain sections of the profession, which hold out a promise of favourable results, and the Central Council of the Association having received information of these meetings, deemed it right, therefore, at once to appoint a deputation, to confer with the Royal College of Physicians, in accordance with the courteous intimation which had formerly been received from that body.

The object of this deputation was to lay before, and explain to, the College, the principles adopted and hitherto acted upon by the Association, and at the same time to obtain from the College authorities more full information as to what was now contemplated on the subject of medical legislation by the several corporate bodies of the profession in England.

It is with much satisfaction that we are enabled to announce that many of the difficulties which formerly beset the question of medical legislation are removed, and prominently among them we may state that the demand for a